

Ralph Mitchell Zoo
Education Program Enrollment Form
Group/Club/School

Group/Club/School: _____

Number of Participants: _____

Ages: _____

Contact Information: Name _____
 Cell/Home Phone _____
 Email _____

Check the program(s) you want to attend:

- **Head, Shoulders, Knees, and Toes! Eyes, Ears, Mouth, and Nose**

Saturday February 2th, 2016 10:00-10:30am

All About Zoo Keepers

- Friday June 3, 2016, 2:00-3:00pm, \$3.00
- Friday June 10, 2016, 2:00-3:00pm, \$3.00
- Friday June 17, 2016, 2:00-3:00pm, \$3.00
- Friday June 24, 2016, 2:00-3:00pm, \$3.00

Make checks out to the City of Independence with RMZ Education in the memo line. All payments are final.

- **This State I Call Home**

Saturday December 10, 2016, 10:00-11:00am

Office use only.

Date Form Received: _____

Receipt #: _____

----- Cut Here- Send in top half and keep bottom for your calendar -----

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